

MONKS (G.H.)

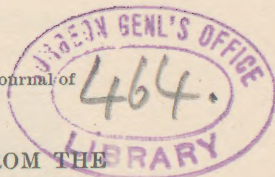
fragments of glass removed
x x x





al

[Reprinted from the Boston Medical and Surgical Journal of
November 19, 1891.]



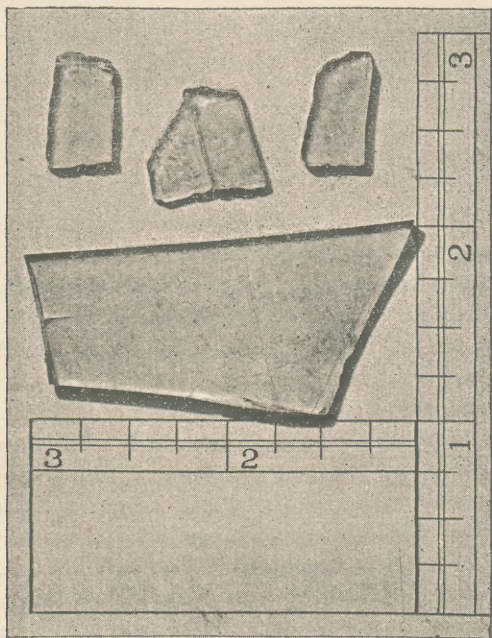
FRAGMENTS OF GLASS REMOVED FROM THE
POPLITEAL SPACE WHERE THEY HAD
LODGED FOR OVER THREE YEARS.¹

BY G. H. MONKS, M.D., BOSTON.

In February, 1888, F. M., a laborer thirty years old, met with an accident in which his left leg was thrust forcibly through a window-pane, the fragments of broken glass causing a long lacerated wound in the upper part of his calf. He put himself under medical care, and eventually the wound healed. He was not obliged to stop working for any length of time, though he always had an "uncomfortable feeling" at the seat of the wound. Even after the wound healed, the uncomfortable feeling persisted, and he was not able to fully straighten his knee or to get his heel squarely to the ground when walking. This left knee being always slightly bent, was much in his way when he worked, and it was also especially exposed, on account of its prominence, to injury. While the man was at work one day, about a year and a half after the original injury, a barrel of ashes fell upon this knee. A synovitis followed, but under treatment this soon disappeared.

¹ Reported at the meeting of the Surgical Section of the Suffolk District Medical Society, May 6, 1891.

For the last three weeks the patient has been more troubled than ever by stiffness and pain in the knee-joint, and by the uncomfortable feeling at the seat of



the old wound, as well as by his not being able to put his heel to the ground.

Finally, in the Out-Patient Department of the Carney Hospital he was carefully examined by Dr. W. M. Conant, who made the diagnosis of foreign body

in the popliteal space and sent the patient for operation into the hospital, where he came under my care in the surgical wards.

At the lowest portion of the popliteal space there was a long scar in the median line. Above this and slightly to the outside of the median line a large, firm, resistant body could be felt. A long and deep incision made in the axis of the limb over the centre of this body revealed a mass of cicatricial tissue in the popliteal space. On incising this a large fragment of glass was found. It was lodged so firmly in position that many incisions through the hardened tissue were necessary to free it. Three smaller fragments also were found deep down in the tissues just behind the head of the tibia. A sharp corner of the large fragment projected through the joint-capsule posteriorly and lay within the joint-cavity just below the external condyle of the femur. The figure shows the pieces of glass in their actual size.

The thickness of the glass was one-eighth inch. The large piece was two inches long and one inch broad at its broadest part. There was no sign whatever of pus in the wound, but an abundance of fibrous tissue. The wound was sewed up, and at the end of the fifth day the stitches were removed. The wound had united firmly by first intention, and on the ninth day after the operation the patient walked home, being able to get his heel squarely on the ground.

He was seen on the street some weeks later and he declared that his left leg was then as sound as his right one.

Remarks. The interest in this case centres principally in the fact that such large fragments of glass can be carried for so long a time within the body and cause so little trouble in the way of inflammation, pain, etc. The inability to straighten the knee and to get the heel to the ground was the principal source of annoyance to the patient, but this was a purely mechanical matter.

